



PARTIAL SCHOLARSHIP APPLICATION

2013 Eugene Police Activities League



PLEASE READ CAREFULLY: APPLICATION GUIDELINES

- 1. TO APPLY:** Mail, or drop off this completed form to Sergeant Carl Stubbs, EPD, 300 Country Club Rd, Eugene, OR 97401.
- 2. ELIGIBILITY:** You must be a City of Eugene Resident and your income must be within program eligibility guidelines.
- 3. APPLICATION APPROVAL DOES NOT GUARANTEE RESERVATION OF FUNDS OR REGISTRATION IN ACTIVITIES:** Scholarships are awarded on a first-come, first-served basis for all eligible participants, and funding will be disbursed accordingly.
- 4.** If you are eligible for an EPAL scholarship, you will receive a 75% discount from the \$75.00 camp fee. (\$18.75 remaining fee)

To be completed by parent/guardian

Name: _____
First Last

Address: _____
Street Address City Zip

Home Phone: _____ Email Address: _____

Household monthly gross income: \$ _____ # of people in household: _____

Check any public assistance program from which you currently receive benefits:

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Oregon Health Plan | <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Free or Reduced School Lunch Program | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Other: _____ |

List each person applying for a scholarship:

| Child's Name | Birth date |
|--------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I hereby certify that all of the above information is true and correct and that all income is reported. I understand that deliberate misrepresentation may result in denial of eligibility for an EPAL Scholarship. Proof of income may be required upon request.

Signature of Parent/Guardian

Date

FOR OFFICE USE: Scholarship #: _____ Notes: _____

Manager Exception: _____

- ☐ Approved _____ (date) ☐ Tracking ☐ Notification to Participant _____ (date)